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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOUR CES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your

NAME	AND CONTACT INFORMATION	
Name		
Elizabetu Hopkins	Titl∈	
		Acting Director
Ool Bureau of Rebubilitae Mailing Address, City, ZIP	tionservices e	523-6745
45 Commerce Dr. 1505tale	touse Station Augu	sta Me 04333
PART 1. INCOME DE	RIVED FROM EMPLOYMENT BY	
List the name and address of each employer from who	OW YOU POSSIBLE WIND OF WENT BY	ANOTHER
List the name and address of each employer from who economic activity of each employer.	or you received compensation of \$1,	000 or more. Specify the principal type of
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PART 2. INCOME DERIVED E	DOMOCIA	
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A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profeactivity or practice of that entity.	, if any, and list the major areas of ecc essional association, or similar busine:	onomic activity or practice from which you ss entity, list the major areas of economic
None	$f_{i_1,i_2,i_3,i_4,i_4,i_4,i_5,i_5,i_5,i_5,i_5,i_5,i_5,i_5,i_5,i_5$	The control of the co
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Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity Practice (self)	(partnership, association, firm or similar
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	PART 2 (continued). INCOME DERIVED FROM SELF income derived from self-employment or practice that represents in the specify the principal type of economic activity of the entity or period specify the principal type of established code of professional ethics.	more than 10% of your gross income or \$1,000,
List each source of i	PART 2 (continued). INCOME DETAIL INCOME DET	ics, specify only the principal type of economic
chever is greater, and of disclosure is pr	rohibited by law, rule, or an establishment of the properties of t	LT. mo of Economic
vity of the entity or p	the state of the s	Principal Type of Economics Activity of Entity or Person Who is the Source of the Income
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	PART 3. OTHER SOURCES OF INC	not include gifts or honoraria. If none, check the
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	REPORTABLE HONORARIA
List the source of any honoraria accepted for appearances	or speeches related to your official capacity or duties. If none, check the box.
✓ None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
List each executive branch agency before which you	NTATION BEFORE STATE AGENCIES or a member of your immediate family represented or assisted others for
none, check the box.	ary. Indicate whether you or a family member appeared before the agency. If
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 8. BUS	SINESS WITH STATE AGENCIES
	mber of your immediate family sold goods or services with a value in excess of r a family member sold the goods or services. If none, check the box.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. INCOME RECEIN	VED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the ki	e of income of \$1,000 or more received by your spouse or domestic partner or ind of income represented. If your spouse or domestic partner received \$1,000 only the job title of dependent children who received income of \$1,000 or more.
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received
Name: Owayne C. Morrison	1. Education 1. Salary/Employeest 2.
Job Title: Sr. computer Pragrames University of Maine Sys.	3. 3. km
Dependent Child(ren) - Job Titles Only	
Job Title: Wait ress / Part time Huda	t. Master's Program
Job Title: Bt B worker / Full five Stu	ident - Ordergrad Program
Job Title:	

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		SIG	GNATURE			
affirm that th	e contents of this report are true	e, complete an	d accurate to th	e best of my know	ledge.	
					<i>*</i>	
UM	'a Laun			4/6	29/11	
	Cy Dyrun Signature		_		Date	
		Unsworn falsific	ation is a Class D	crime.		
		ADDITION	AL INFORMATI			
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